

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
SPA #03-18

2. STATE  
Kansas

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 25,000  
b. FFY 2004 \$240,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, #11.c., Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, #11.c., Page 1

10. SUBJECT OF AMENDMENT:

Hearing Services Limitations

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED:  
Janet Schalansky is the Governor's  
Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//Janet Schalansky - signature//

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary of Social & Rehabilitation Services

15. DATE SUBMITTED:

June 11, 2003

16. RETURN TO:

Janet Schalansky, Secretary  
Social & Rehabilitation Services  
Docking State Office Building  
915 SW Harrison, Room 651S  
Topeka, KS 66612-2210

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 24, 2003

18. DATE APPROVED:

June 13, 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

//Thomas W. Lenz - signature//

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid and Children's Health

23. REMARKS:

CO  
DSG/DIATA

**KANSAS MEDICAID STATE PLAN**

*Kansas (03-18)*  
*approved: 06/13/03*  
*effective: 07/01/03*

Attachment 3.1-A

#11.c., Page 1

**Speech, Hearing and Language Services Limitations**

**Speech and Language Services**

1. Speech and language therapy services must be rehabilitation and restorative in nature, and provided following physical debilitation due to acute physical trauma or illness. They must be prescribed by the attending physician.
2. Speech and language therapy services are limited to services provided by inpatient hospital, rehabilitative hospital, Local Education Agencies (early childhood intervention providers, head start and school districts), outpatient, home health and free standing clinics.
3. Speech therapy must be provided by a speech pathologist who has a certificate of clinical competence from the American Speech and Hearing Association.

**Hearing Services**

1. Services for the hard of hearing are limited to ear examinations by a physician, audiological testing and evaluation by an audiologist, dispensing and fitting of hearing aids, hearing aid repair, trial rental of a hearing aid and hearing aid supplies provided by a certified hearing aid dealer.
2. Provision of a binaural hearing aid requires specific documentation of medical necessity supporting significant bilateral loss of hearing.
3. Hearing aid repairs costing less than \$15.00 are non-covered services. Repairs costing between \$15.00 and \$75.00 are covered. Repairs exceeding \$75.00 are covered only with prior authorization.
4. Trial rental of a hearing aid is limited to one month's duration.
5. Provision of hearing aid batteries is limited to six per month for monaural aids and twelve per month for binaural aids.
6. Hearing aids may be replaced every four years if a medical examination documents the necessity of replacement. Lost, broken or destroyed hearing aids will be replaced one time during a four year period provided the documentation of the circumstances adequately supports the need and prior authorization is obtained.